Η	SF 1166 OCR 4 TFRM 2000 (Rev. 5-84) 1166-126			VOUCHER ANI	SCHEDULE	OF PAYME	NTS		M				
DEPARTMENT OR ESTABLISHMENT									D.O. VOU. NO. (TRANSP)				
BUREAU OR OFFICE													
LOCATION OF TRANSMITTING OFFICE PURSUANT TO AUTHORITY VESTED IN ME. I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT DAID RV													
		PRIATION (S) DESIGNATED						PAID BY					
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	DAT			AUTHORIZED CER	TIFYING OFFICER	?							
APF	PROPRIATIO	N SUMMARY											
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		LINES 1, 3, 5, AND 7	- CEOCHIT, NEDITEO	S, INVOICE NUMBER, OT	LINES 2, 4, 6 AN	i <u>D</u> 8		AMOUN	.1	CHECK	VOUCHE	R NO.	
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		USE FOR FIRST CHECK S	SERIAL NUMBER RAN	NGE	USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE					CABLE			